## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 13, 2001 8:00 am **DOCUMENT # 234611** Secretary of State 02-13-2001 90066 024 \*\*\*150.00 JENSEN BEACH AIR CONDITIONING, INC. Principal Place of Business Mailing Address 940 NE DIXIE HWY 940 NE DIXIE HWY 92U1U4 JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-0899312 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL, GREGORY C. Street Address (P.O. Box Number is Not Acceptable) 940 N.E. DIXIE HWY. JENSON BEACH FL 34957 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change NAME NAME HALL, GREGORY C STREET ADDRESS STREET ADDRESS 1567 NE SOTTONG ROAD CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL SECRETARY TREASURE ☐ Change Delete TITLE TITLE COPELAND LAURLE NAME DI MATTEO, JUDITH, L NAME 2705 NE INDIAN RIVER DRIVE STREET ADDRESS STREET ADDRESS 1662 MARIANA RD JENSEN BEACH, FL 34957. CITY-ST-ZIP CITY-ST-ZIP PORT-ST LUCIE FL ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME HALL, CHARLES T STREET ADDRESS STREET ADDRESS **1815 NE RIVER COURT** CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.